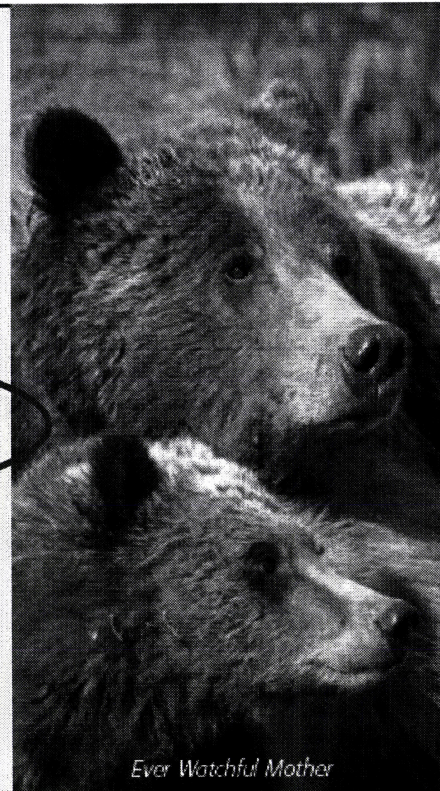


Neurosurgical Trauma/Critical Care

| | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|------|------|------|------|------|
| Total trauma activations | 241 | 239 | 296 | 343 | 413 |
| Direct neurological surgery trauma admits | 52 | 76 | 71 | 74 | 81 |
| Neurological surgery trauma consults | 75 | 48 | 78 | 71 | 84 |
| Total (in percent)* | 53% | 52% | 50% | 42% | 40% |

** Does not include non-activations, non-traumatic neurological emergencies (chronic subdurals, stroke, intracranial hemorrhage, hydrocephalus)*



Ever Watchful Mother

- Isolated spine trauma without head injury
- Concussion or Skull fractures without intracranial hemorrhage on imaging - still considered mild traumatic brain injury



**KALISPELL REGIONAL
HEALTHCARE**

Initial Non-Accidental Trauma (NAT) Screening and Management Guideline for Pediatrics

| | | | |
|--|---|---|--|
| Screening | Medical/Social History No history History inconsistent with injury Changing history Unwitnessed injury Delay in seeking care Prior ED visit Domestic Violence in home Premature infant (<37 weeks) Low birth weight or IUGR Chronic medical conditions | Physical Exam Torn frenulum Failure to thrive Any bruise in any non-ambulating child- "if you don't bruise you don't bruise" Any bruise in a non-exploratory location especially the TEN region—Torso (area covered by a standard girl's bathing suit), Ears, and Neck <4 yrs old Perineal bruising or injury Bruises, marks/burns, or scars in patterns that suggest hitting with an object | Radiographic Findings Metaphyseal fractures (corner) Rib fractures in infants Any fracture in non-ambulating children Undiagnosed, healing fracture Subdural or subarachnoid hemorrhage in children < 1 year |
| | In outpatient clinic setting if screening is positive refer to the Emergency Department for remainder of workup | | |
| | Management | Laboratory <u>General for most patients</u> <input type="checkbox"/> CBC with diff <input type="checkbox"/> Amylase/Lipase <input type="checkbox"/> PT/PTT/INR <input type="checkbox"/> Urinalysis <input type="checkbox"/> CMP <input type="checkbox"/> Tox screen | Radiology <u>Skeletal survey for < 2 years old (with 2 week follow up)</u> In ED if needed for disposition; or within 24 hours of admission <u>Head CT (non-contrast with 3D reconstruction) if:</u> < 6 months of age and other findings of abuse Bruising to face or concern for head injuries Neurologic symptoms < 12 months of age (including soft symptoms such as vomiting, fussiness) <u>Consider Abdominal Ultrasound or CT if:</u> Signs or symptoms of abdominal trauma ALT or AST is twice normal |
| Consults <input type="checkbox"/> Pediatric General Surgery for trauma evaluation <input type="checkbox"/> If Head CT abnormal call Neurosurgery <input type="checkbox"/> Pediatrician or PICU Intensivist <input type="checkbox"/> SANE nurse <input type="checkbox"/> Pediatric Social Worker <input type="checkbox"/> Report to CPS 1-866-820-5437 | | | |
| ED Discharge Criteria <input type="checkbox"/> No identified injury requiring admission <input type="checkbox"/> Safety plan in place as per CPS <input type="checkbox"/> Social Work consult <input type="checkbox"/> Follow-up appointment scheduled with PCP and appropriate specialist within 48 hours or the next business day available. | | Admission Criteria <input type="checkbox"/> Suspected physical abuse in patient ≤ 1 year old <input type="checkbox"/> Injuries warrant admission <input type="checkbox"/> CPS unable to arrange immediate safety plan | |
| Disposition | Transfer Center (844) 378-8701 or (406) 751-8999 | | |



MONTANA CHILDREN'S
KALISPELL REGIONAL HEALTHCARE

This Management Guideline serves as a guide and does not replace clinical judgment—April 2019

Pediatric Non-Accidental Trauma (Abuse)

- ▶ 1 in 7 children have experienced child abuse or neglect in the past year
- ▶ Guidelines established by the KRH Pediatric Trauma Subcommittee
 - ▶ Provide recommendations for screening to detect possible child abuse
 - ▶ Also provides management recommendations for pediatricians and ER physicians
 - ▶ Ensures appropriate disposition to ensure child safety
 - ▶ Hospital admission